STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Langford Bugle		2. DATE 9/18/14
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ 30.00
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 69, Marshall Co, Britton, SD 57430-0069		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 706 7th St. PO Box 69, Marshall Co, Britton SD 57430-0069		
6. FULL NAME OF PUBLISHER: Douglas M. Card		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME	COMPLETE MAILING ADDRESS	
Marshall County Publishing Inc.	PO Box 69 Britton SD 57430-0069	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
Charles L & Karyl P. Card	PO Box 921, Britton SD 57430-0069	

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	450	450
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	13	15
2. Mail Subscription (Paid and or requested)	282	277
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	305	292
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	10	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	—	—
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	315	302
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	135	148
2. Return from News Agents	—	—
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	450	450

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Douglas M Card — (Signature)

Publisher — (Title)

State of South Dakota)
§
County of Marshall)

Sworn to before me this 17 day of Sept, 2014

Kim M Buhl — Notary Public

My commission expires: _____

KIM M. BUHL NOTARY SEAL(Seal) PUBLIC STATE OF SOUTH DAKOTA

My Commission Expires March 12, 2016

Form: SOS REC 051 8/2014